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Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2>		Application Number	10/717,193
		Filing Date	November 18, 2003
		First Named Inventor	Dowling et al.
		Examiner Name	Alyssa Lowen
		Art Unit	3711
		Attorney Docket No.	CKB-113.01
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) \$500		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) : _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 06-1448 Deposit Account Name: Foley Hoag LLP	
For the above-indicated deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments	
Under 37 CFR 1.16 and 1.17	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES		SEARCH FEES		EXAMINATION FEES				
		Small Entity		Small Entity		Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100	_____		
Design	200	100	100	50	130	65	_____		
Plant	200	100	300	150	160	80	_____		
Reissue	300	150	500	250	600	300	_____		
Provisional	200	100	0	0	0	0	_____		
2. EXCESS CLAIM FEES									
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							200	100	_____
Each independent claim over 3 (including Reissues)							360	180	_____
Multiple dependent claims									
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				Multiple Dependent Claims		
26	-20 or HP = 6	x 50 =	\$300				Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)						
4	- 3 or HP = 1	x 200 =	\$200						
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)					
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x							
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge) : _____									

SUBMITTED BY			
Signature	/Joseph Teja, Jr./	Registration No. (Attorney/Agent)	45,157
Name (Print/Type)	Joseph Teja, Jr	Telephone	617-832-1183
		Date	March 23, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.